

TUKWILA POLICE DEPARTMENT

Officer Narrative

Case Number:	16-6047
Date:	8/20/2016
Officer:	STEPHENSON
In Car Video:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Case Type: Assault 4th

On 8/20/2016 at 1020 hrs I responded to the Cascade Behavioral Health facility at 12844 Military Rd S for a patient on staff member assault 4th.

When I arrived other staff members stated that a patient by the name of [REDACTED] DOB: [REDACTED] was running around the hallways completely naked, they stated that a staff member by the name of [REDACTED] DOB: [REDACTED] tried wrapping a blanket around [REDACTED] to cover her up from other patients.

When the blanket landed on [REDACTED]'s shoulders she spun around to her right and hit [REDACTED] with a closed fist on the right side of her head. The hit landed hard enough that it knocked [REDACTED] to the floor, [REDACTED] became disoriented and began to feel a little nausea.

[REDACTED] was being attended to by the Tukwila Fire Department as we spoke. I asked why [REDACTED] was in the facility and they said she was in for schizophrenia and delusions. [REDACTED] was locked in a secluded room during this time, she was kicking at the door and spitting on the door window and walls.

At one point, [REDACTED] and I made eye contact, she was calm and I asked her why did she hit [REDACTED] and [REDACTED] stated "the voices in my head made me do it". I asked [REDACTED] how long has she had been hearing voices in her head and she stated "four years now".

[REDACTED] was transported to Highline Hospital by Tri-Med ambulance service and [REDACTED] was placed in a four point harness by the staff without further incident. This concludes my involvement in this case. No charges will be filed against [REDACTED] because of her medical diagnosis and due to her medicated state since being admitted into Cascade Behavioral Health.

CERTIFICATION: I hereby certify (declare) under penalty of perjury under the laws of the state of Washington that this report is true and correct to the best of my knowledge and belief (RCW 9A.72.085).

STEPHENSON	221	8/20/2016	TUKWILA, WA
OFFICER'S SIGNATURE	BADGE #	DATE SIGNED	PLACE SIGNED

Approving Supervisor: DR Date: 8-21-16